

POSITION	POTIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>11/13/00</i>
O.A.P.E. CLASSIFIER	<i>FW</i>	<i>2. v.</i>	
FORMALITY REVIEW		<i>11422</i>	<i>11-13-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

3.0+ *[Handwritten]*
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_____	Rejected	N	Non-elected
_____	Allowed	I	Interference
(Through numeral) _____	Canceled	A	Aspiral
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If more than 150 claims or 10 actions
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